

PURPOSE

To establish who can act on behalf of the individual for purposes of authorizing uses and disclosures and granting the individual rights afforded by these policies.

PROCEDURE

Review the authorizing document presented to check whether:

- The time period stated has not expired.
- The representative's authority is not limited in scope.
- Verify the representative is the person stated in the document.

Retain a copy of the document for verification of the representative's authority for six years.

Family Members, Other Relatives, Close Personal Friends, or any other person identified by the individual

Obtain from the individual in writing or verbally his or her agreement or objection to sharing Protected Health Information (PHI) with the family member, other relative, close personal friend, or other person identified by the individual.

If the individual is unable to agree or object due to unavailability, incapacity, or emergency, the Michigan Department of Health and Human Services (MDHHS) employee may in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the PHI that is directly relevant to the representative's involvement with the individual's health care.

**Suspected Neglect
or Abuse**

The MDHHS employee is not required to disclose PHI to an individual's representative if abuse or neglect is suspected.

REFERENCES/FORM

45 CFR §164.502(g), §164.524, §164.528, §164.510(b), §164.512(c)(2)(ii)

CONTACT

For additional information concerning this procedure, contact the MDHHS Bureau of Legal Affairs.

